

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | JW | 75231 | |
| O.I.P.E. CLASSIFIER | | 48 | 9/21/00 |
| FORMALITY REVIEW | C.Y.C. | JC530 | 1C-20-00 |
| RESPONSE FORMALITY REVIEW | 26 | 676 | 04-06-01 |

BEST
AVAILABLE COPY

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 ÷ Restricted O Objected

| Claim | Date |
|----------|------|
| 1 | |
| 2 ✓ | |
| 3 ✓ - ✓ | |
| 4 ✓ / ✓ | |
| 5 ✓ / 0 | |
| 6 ✓ / 0 | |
| 7 ✓ / ✓ | |
| 8 ✓ / ✓ | |
| 9 ✓ / ✓ | |
| 10 ✓ / ✓ | |
| 11 ✓ / ✓ | |
| 12 ✓ / ✓ | |
| 13 ✓ / ✓ | |
| 14 ✓ / ✓ | |
| 15 ✓ / ✓ | |
| 16 ✓ / ✓ | |
| 17 ✓ / 0 | |
| 18 ✓ / 0 | |
| 19 ✓ / ✓ | |
| 20 ✓ / 0 | |
| 21 ✓ / ✓ | |
| 22 ✓ / ✓ | |
| 23 ✓ / ✓ | |
| 24 ✓ / ✓ | |
| 25 ✓ / ✓ | |
| 26 ✓ / ✓ | |
| 27 ✓ / ✓ | |
| 28 ✓ / 0 | |
| 29 ✓ / 0 | |
| 30 ✓ / 0 | |
| 31 ✓ / ✓ | |
| 32 ✓ / ✓ | |
| 33 ✓ / - | |
| 34 ✓ / ✓ | |
| 35 ✓ / ✓ | |
| 36 ✓ / ✓ | |
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| Claim | Date |
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| Claim | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

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